Rockland Campus:
Office of the Registrar
Alliance Theological Seminary
350 North Highland Ave
Nyack, NY 10960
Fax (845) 348-3918

New York City Campus:
Office of the Registrar
Alliance Theological Seminary
335 Broadway / 93 Worth St
New York, NY 10013-3904
Fax (917) 237-0399

COURSE SELECTION FORM

Semester _____

Name _____ **SS# or ID#** _____

Address _____ **Phone** (home) _____
_____ (cell) _____
_____ **E-mail** _____

Did you attend ATS last semester? _____ Yes
_____ No (You must reactivate in the Admissions Office before submitting this form.)

Course #	Course Title	# of Hours	√ if audit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that **my registration is NOT complete** until I have made financial arrangements with the Student Financial Services Office by the close of registration.

_____
Student Signature Date

NOTE TO ADVISORS:
Signatures on this form are not accepted. Authorization is online only.

OFFICE USE ONLY: ONL Date _____